Disclosure Report Cover										
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.										
Do not use this form to update information										
1. Committee Infor	mation	<u> </u>		- 10	c. ID Number					
EATON FOR COM	MISSIONER				ADRV9Z					
LATON TOR COM	MISSICIVER				, ADK 192					
b. Mailing Address (incl	b. Mailing Address (include City, State and Zip Code) d. Date Filed									
2700 OVEODD CO	3709 OXFORD COURT 7/08/2016									
MOREHEAD CITY, NC 28557 e. Phone Number										
252-773-9145										
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Full						
2016	12/18/2016	06/3	0/2016	ROGER A	ALLEN EATON					
6. Type of Commit		9. Type of Report		ly one type of report						
Candidate Campa		Municipal	State/C		Referendum					
PAC Independent	Referendum	Organizational	-	Organizational	Organizational					
Expenditure	Joint Fundraiser	Thirty-five day	′ '	Quarterly	Pre-referendum					
Legal Expense F				E'						
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election	I₩	First Second	Final Supplemental Final					
Building Fund		Pre-runoff		Third	Annual					
Duning rund		Semi-annual	١Ħ	Fourth	Special					
		Mid Year	, - ,	Semi-annual						
Other:		Year End	' □	Mid Year	10. Special Report Name					
		Final		Year End						
8. Number of Fund	raisers this Report	Special Special		Final Special						
11. Account Inform	0	. 124	11. Account I		<u> </u>					
a. Financial Institution				itution Full Name						
SOUND BANK										
b. Purpose	c. Account Code		b. Purpose	EN	c. Account Code					
CAMPAIGN	1									
ACCOUNT FOR	1			0 0010						
RECEIPTS AND	d. Period Begin Balance		JUL JUL	8 2016	d. Period Begin Balance					
EXPENDITURES	\$ 0	5.0	Reserved to the property of the following		\$					
CERTIFICATION										
I certify that the Cor	nmittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of					
is complete true and	utes and that no funds are co I correct and that I have beer	mmingled with pron	State Board at	non-disclosed funds.	I further certify that this report					
	ALLEN EATON	• 1/	in Alle	<i>y</i> / \	7/08/2016					
	Printed Name of Signer		ignature of Appoint		Date					
FOR OFFICE USE O	ONLY									
Date Received:		Employee:			Delivery Method Normal Mail					
Date Postmarked: Employee: Registered Mail Hand Delivered										
Date Scanned: Employee: Electronically Filed										
Date Data Enter	ad:				Signer has not received mandatory training					
Date Data Enter	cu	Employee:								
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information										

Amendment

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2	. Type of Report	information.	3. ID Number
EATON FOR COMMISSIONER	SECOND QUA	ARTER	ADRV9Z
Start of Election Cycle: January 1, _	2016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 970.00	\$ 970.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 800.00	\$ 800.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organization	ns (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$ 1,770.00	\$ 1,770.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 393.23	\$ 393.23
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 96.64	\$ 96.64
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 489.87	\$ 489.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	act line 18)	\$ 1,280.13	\$ 1,280.13
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0
20, Contributions to be returned	(010-1213)		A

Use this t	form to report indi	vidual contributions o	ver \$50	or contribu	tions unde	r \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applicat	ole)				2. ID Nun	ıber -	
EATON	FOR COMMISSION			ADRV9Z					
3. Contri	ibutor Informatio	on , and the second		Add [Rem	ove	5.84 1.870		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title	/Profession		d. Comment	ts	
(include	city, state, & zip)				RETIRE	ED			
DODOTE	W DEVOE								
	HY REIST OODCLIFF ROAD	`		c. Employer	r's Name/Spe	etitic Field			
	LD ISLE, NC 285						e. Election S	Sum to Date	
252-354-	•	,							
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descripti	on	j. Date (mm/dd/yy	уу)	k. Amount	
	l	CHECK				05/26/2	016	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on de la companya de		Add [Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title			d. Comment	ts	
(include	city, state, & zip)				RETIRE	ED			
DALEIL	OCKER				- N - 10	·c. D. I			
DALE H	OCKER CKENA WAY			c. Employer's Name/Specific Field					
	ORT, NC 28516			USPS			e. Election S	Sum to Date	
252-349-							\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description j. Date (mm/dd/y			yyy) k. Amount		
	1	CHECK				05/26/20			100.00
								\$	
								\$	
3. Contri	butor Informatio	on is		Add [Rem	ove	Take 1	Ar tolk	
a. Fuli Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession			d. Comments		
(include	city, state, & zip)				RETIRE	ED			
PO BOX	BROWNING			c. Employer's Name/Specific Field					
	100 MONT, NC 27572				TEACHI	FR	e Election S	Sum to Date	
ROUGE	10111, 110 27572				1 Extern		e. Election Sum to Date \$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	on	j. Date (mm/dd/yy	уу)	k. Amount	
	1	CHECK				06/06/2016		\$	200.00
								\$	
								\$	
4. Tota	only this Pag	e : : : : : : : : : : : : : : : : : : :					\$		400.00
5. Total	of ALL CRO	-1210 Pages					¢		
	하다면 하다 (TTT) (1000년) 이렇게 이렇게 되었습니다. 그리는 사람들은 사람들은 사람들이 모습니다. (1000년) 이렇게 되었습니다. (1000년) 이렇게 되었습니다. (1000년) 이렇게 되었습니다.								

Contributions from Individuals

Amendment

Yes 🛛

No

Amendment **Contributions from Individuals** Yes Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number EATON FOR COMMISSIONER ADRV9Z 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RN SUSAN CUTHRELL c. Employer's Name/Specific Field 107 WILLOW STREET CARTERET HEALTHCARE e. Election Sum to Date BEAUFORT, NC 28516 252-504-2256 \$ 50.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code 06/27/2016 \$ 50.00 **CHECK** 1 \$ \$ Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments RETIRED (include city, state, & zip) c. Employer's Name/Specific Field JEAN BAXTER **525 EGRET LAKE DRIVE** e. Election Sum to Date PINE KNOLL SHORES, NC 28512 20.00 \$ h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code \$ 06/28/2016 20.00 1 **CHECK** \$ П \$ П Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone OFFICE MANAGER (include city, state, & zip) c. Employer's Name/Specific Field JUDITH WOOTEN 380 OLD SWANSBORO ROAD SUNSHINE LADY e. Election Sum to Date **NEWPORT, NC 28570** 252-725-4964 **FOUNDATION** 25.00 \$ g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 06/28/2016 \$ 25.00 Ιi 1 CHECK П \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

4. Total only this Page

5. Total of ALL CRO-1210 Pages

95.00

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\$

		m Individuals	over \$50	Po or contributions un		O 1205 is n	Amendment Yes ot used	t No
		(and Fund if applica			10 mm 1 m	2. ID Nu		i Alyi
EATON	FOR COMMISSI	ONER					ADRV9Z	
3. Contri	ibutor Informatio	on 🍦		Add R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio		d. Commen	its	
(include	city, state, & zip)			DIETI	TIAN	Ì		
CLICANI	PPT/PP			c. Employer's Name/S	Specific Field	-		
SUSAN I	FETZEK IDRICK STREET			c. Employer's Name/s	specific riciu	\dashv		
	ORT, NC 28516			CARTERET H	EALTHCARE	e. Election	Sum to Date	
252-499-	•					\$	100.00	
						•	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			06/28/2	2016	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🗌 R	emove		747	
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio		d. Commer	its	
(include	city, state, & zip)			RETI	RED			
	IA WEEKS FASHIONED W	'AY APT. 614		c. Employer's Name/	Specific Field			
	RT, NC 28570					e. Election	Sum to Date	
252-241-	6155					\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			06/28/2	2016	\$	25.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🔲 R	emove	Wa		
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
(include	city, state, & zip)			RETI	RED			
MICHAI	EL MURDOCH			c. Employer's Name/	Specific Field	-		
	DWOOD ROAD							
	RT, NC 28570					e. Election	Sum to Date	
252-725-	4964					\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			06/28/2	2016	\$	50.00
							\$	
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4. Tota	l only this Pag	(e)				\$		175.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

		n Individuals	a. \$5(Pg	4 of		Yes	No No
		and Fund if applical		or contributions und	er \$30 ii ioiiii CR	2. ID Num		
	FOR COMMISSION		<i>(</i>				ADRV9Z	
3. Contri	ibutor Informatio	on and the second		Add 🔲 Ren	move	- 50° 2400 s.		
	ne, Mailing Address é			b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)			RETIR	ED			
	AVERY			c. Employer's Name/Sp	pecific Field	_		
	VIS ROAD ORT, NC 28516			TEAC	HER	e. Election S	um to Date	
252-728-						\$	50.00	
	· · · · · · · · · · · · · · · · · · ·		1					
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
	1	CHECK			06/28/2	2016	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio)n		1.1.424/3	move			
ı	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Comment	S		
(include	city, state, & zip)			OPERATIONS	MANAGER			
DENNIS	LITALIEN			c. Employer's Name/Sp	1			
	NIE DAVIS ROA	AD						
	TON, NC 28579			XPO LOG	e. Election Sum to Date			
910-526-	3574					\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	СНЕСК			06/14/2	2016	\$	250.00
							\$	
							\$	
3. Contr	ibutor Informatio	on d		Add 🗌 Rei	move			
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)			-				
				c. Employer's Name/Sp	pecific Field	1		
								-
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
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	l only this Pag	The state of the s				\$		300.00
5. Tota	l of ALL CRO	-1210 Pages				\$		970.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Contributions from Political Party Committees

				Amendment				
Pg	<u>1</u>	of	1		Yes	\boxtimes	No	

Use this form to report contributions from a political party

1. Committee Ful	l Name (and Fund if	applicable)	. 181			11.15	2. ID	Number	75% 	125
EATON FOR CO	MMISSIONER							ADRV	PΖ	
3. Contributor In	formation		Add		Rem	ove			J.	
a. Full Name, Mailing	Address & Phone						b. Com	ments		
(include city, state, CARTERET COUPO BOX 708	& zip) JNTY DEMOCRATI	C PARTY EXECUT	TICE COM	IMITTEE]					
MOREHEAD CIT		c. Elect	tion Sum to I	ate						
252-654-2792		\$ 750.00								
d. Account Code	e. Form of Payment	f. In-Kind Description	f. In-Kind Description g. Date (mm/dd/yy							
1	CHECK			,		04/10/2	016	\$ 75	0.00	
								\$		
								\$		
3. Contributor In	formation	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Add		Rem	ove				ii,
a. Full Name, Mailing					10		b. Com	ments		
(include city, state,	& zip) WOMEN OF CARTE	DET COUNTY					NO P	HONE NU	MBER	
PO BOX 708	WOMEN OF CARTE	REI COUNI I					c. Elect	ection Sum to Date		
MOREHEAD CIT	ΓY, NC 28557						\$	50.00		
d. Account Code	e. Form of Payment	f. In-Kind Description g. Date (mm/dd/yyyy) h. Amount								
1	CHECK					06/28/2	016	\$ 50.00		
								\$		
								\$		
3. Contributor In	formation		Add		Rem	ove				1.5
a. Full Name, Mailing							b. Com	ments		
(include city, state,	& zip)									
							c. Election Sum to Date			
							\$			
d. Account Code	e. Form of Payment	f. In-Kind Description)n			g. Date (mm/dd/yyy	y)	h. Amount		
								\$		
								\$		
								\$		
4. Total only tl	his Page		11/2		y/-		\$	800.00		
5. Total of AL	L CRO-1220 Pag			Ö.			\$	800.00		
(This line must be o	n line 7 of Detailed Summ	ary Page CRO-1100)		4.4	<u> </u>					

Disburseme			Pg	<u>1</u> of 1	_
			ee for; operating expenses,	, contributions to c	andidate/political
	coordinated party ex		100gd		2. ID Number
	ull Name (and Fund OMMISSIONER	d if applicable)			ADRV9Z
3. Type of Disbu		sa usa sanarata C	RO-1310 forms for each t	tung of Dichursom	The second secon
Operating E			didates/Political Committees		ordinated Party Expenditures
4. Payee Inform	·	rath - E	Add	Remove	
	ng Address & Phone	<u> </u>	b. Coordinated Committee N		d. Comments
(include city, state,	-				
(Meinos erry, errer,	or Esp,				
WALMART SU	JPERCENTER		c. Level Registered (Specify)		1
300 NC HIGHV	VAY 24		Federal	County:	1
MOREHEAD C	CITY, NC 28557		State	Municipality:	e. Election Sum to Date
252-247-0511					\$ 48.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK #98	К	06/10/2016	\$48.64	JUNE PHONE BILL
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
					_
THE TALK ST.	ATION WTKF		c. Level Registered (Specify)		_
PO BOX 1679			Federal	County:	
	CITY, NC 28557		State	Municipality:	e. Election Sum to Date
252-247-7282					\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
i. Account Code	g. Form of Payment	in rai pose code	1. Date (mm/dd/yyyy)	j. Amount	RADIO ADS
1	CHECK #1001	A	06/20/2016	\$300.00	INIDIO NEO
				\$	
4. Payee Inform			Add	Remove	d. Comments
	ing Address & Phone		b. Coordinated Committee N	vame	d. Comments
(include city, state,	& zip)				
STAPLES			c. Level Registered (Specify)		-
5185 US HIGH	WAY 70		Federal	County:	-
	CITY, NC 28557		State	Municipality:	e. Election Sum to Date
252-726-2666	711, NO 20057				\$ 44.59
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
miletouni cour	***************************************				SIGNS FOR 4TH
1	CHECK #1002	В	06/25/2016	\$25.60	OF JULY PARADE
1	CHECK "1000		06/05/0016	010.00	NOTEBOOKS
1	CHECK #1002	K	06/25/2016	\$18.99	DIVIDERS
5. Total only th					\$ 393.23
	CDO 1310 Pages	TO RELATE TO THE TAX OF THE TAX O		1.1354	

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 393.23 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) B* - Printing A* - Media C* - Fundraising D - To Another Candidate G - Political Party E - Salaries F* - Equipment H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

Amendment Refunds/Reimbursements From the Committee No of 1 1 Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number EATON FOR COMMISSIONER ADR V9Z Add 3. Payee Information Remove d. Type of Committee a. Full Name, Mailing Address & Phone h. Original Receipt Date (include city, state, & zip) Candidate **PAC** 12/18/2015 Referendum Party ROGER EATON e. Level Registered (Specify) i. Original Receipt Amount 3709 OXFORD COURT Federal County: \$ 48.00 MOREHEAD CITY, NC 28557 State Municipality: 252-342-3137 f. Purpose Code j. Election Sum to Date 48.00 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code PURCHSING AGENT TANDEMLOC, INC I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount CHECK #91 REIMBURSEMENT OF CANDIDATE FILING FEE 06/14/2016 \$ 48.00 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC 05/11/2016 Referendum Party ROGER EATON e. Level Registered (Specify) i. Original Receipt Amount 3709 OXFORD COURT Federal County: 48.64 MOREHEAD CITY, NC 28557 State Municipality: 252-342-3137 f. Purpose Code j. Election Sum to Date 96.64 b. Job Title/Profession c. Employer's Name/Specific Field g. Comments k. Account Code PURCHASING AGENT TANDEMLOC, INC I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount CHECK #92 REIMBURSEMENT OF MAY PHONE BILL 06/16/2016 48.64 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee h. Original Receipt Date (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) i. Original Receipt Amount Federal County: \$ State Municipality: f. Purpose Code j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field k. Account Code g. Comments 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

Codes require detailed explanation in required remarks field (m)

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

O* Other

M - Overpayment for Service

\$

\$

\$

N - Exceeded Contribution Limit

96.64

96.64